

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09802505

FILING DATE
13/08/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
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49						
50						
TOTAL IND.	7	0		0		0
TOTAL DEP.	24	0	0	0	0	0
TOTAL CLAIMS	31	0	0	0	0	0

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		0		0		0
TOTAL DEP.		0	0	0	0	0
TOTAL CLAIMS		0	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS